FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	1	ORGANIZATION (See instructions)					
						Office use only	
1. NAME OF COMMITTE	EE (in full)		Check if name changed)		mple: If typying, type the lines	12FE4M	5
YUM! BR	ANDS INC	GOOD GOVE	RNMENT FUN	ID L			
سسسا				ш			
ADDRESS (numb	per and street)	1441 G	ARDINER LAN	IE L L L			
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is changed		LOUIS	VILLE	ш	шшш	Ľ <mark>K</mark> Y]	40213 -
				CITY		STATE	ZIP CODE 🔺
COMMITTEE'S	E-MAIL ADD	RESS (Please p	ovide only one e-r	mail addre	ess)		
(Check if a							
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(Check if a	address	ADDRESS (URL	, 				
2. DATE	0 , 3	D D / Y	2009				
3. FEC IDENT	TIFICATION	NUMBER		C Coo	329474		
4. IS THIS ST	ATEMENT	NEW (N) OR	X	AMENDED (A)		
I certify that I have	examined this	s Statement and to	the best of my know	wledge an	d belief it is true, correct an	d complete	
Type or Print Na	me of Treasu	ırer Pa	ul Carothers				
Signature of Tre	asurer Ele	ectronically Filed b	y Paul Caro	thers		Date 0	3 / D 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission	on of false, erro				he person signing this State		
Office Use Only					For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)